

CLAIMS ONLY

Application Number

10/627 630

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend.	15					
Total Claims	16					

* May be used for additional claims or amendments

*	Indep	Depend	*	Indep	Depend	*	Indep	Depend
51			58			65		
52			59			66		
53			60			67		
54			61			68		
55			62			69		
56			63			70		
57			64			71		
58			65			72		
59			66			73		
60			67			74		
61			68			75		
62			69			76		
63			70			77		
64			71			78		
65			72			79		
66			73			80		
67			74			81		
68			75			82		
69			76			83		
70			77			84		
71			78			85		
72			79			86		
73			80			87		
74			81			88		
75			82			89		
76			83			90		
77			84			91		
78			85			92		
79			86			93		
80			87			94		
81			88			95		
82			89			96		
83			90			97		
84			91			98		
85			92			99		
86			93			100		
87			94			Total Indep		
88			95			Total Depend		
89			96			Total Claims		